

INSTRUCTIONS FOR COMPLETING APPLICATION FOR A CHANGE IN OWNERSHIP IN A CERTIFIED CHEMICAL DEPENDENCY SERVICE PROVIDER

INTRODUCTION

Washington Administrative Code (WAC) 388-805-005 defines a change in ownership as meaning one of the following conditions:

- (1) When the ownership of a certified chemical dependency treatment provider changes from one distinct legal entity (owner) to a distinct other;

Note: This usually means when a new set of owners takes over the organization from a former set of owners.

- (2) When the type of business changes from one type to another; or,

Note: This usually means when an existing owner changes the type of business such as from a sole proprietorship to a corporation.

- (3) When the current ownership takes on a new owner of five percent or more of the organizational assets.

Note: This usually means that an existing owner is adding either new partners or new stockholders of an existing organization.

Change in ownership application requirements are detailed WAC 388-805-105. Applications are screened for completeness in the order received. If applications are found to be incomplete, processing is suspended until we receive all the required information. Complete applications are assigned to Division of Alcohol and Substance Abuse (DASA) Certification Specialists for review in the order received. A DASA Certification Specialist will conduct an initial review for content within 30 days from the date received. An approval decision will be made at that time.

A separate application needs to be completed for each separate location at which services are proposed to be delivered.

Return the completed original application form, one copy of the items required in **PART 5**, and the nonrefundable \$500 application fee to the attention of:

Robert Geissinger, CCDCIII, Certification Specialist
Certification Section
Department of Social and Health Services
Division of Alcohol and Substance Abuse
Post Office Box 45330 (Mail Stop 45330)
Olympia, Washington 98504-5330

Please do not return these instructions with your application.

You are encouraged to submit a complete application, including all policies, procedures (if applicable), and other documentation as early in the application process as possible. However, you may wish to wait to obtain your facility and staff to avoid incurring facility and staff costs while your application is pending review and approval.

Certification will be granted only to applicants demonstrating that they are prepared to operate in compliance with all applicable federal, state, and local regulations.

Significant deficiencies can result in delays of department approval. The application form and required materials are tools for evaluating applicant readiness for certification. The reviewing DASA Certification Specialist will determine if the extent of the deficiencies must be corrected prior to certification or as a part of a corrective action process following approval.

PART 1 – CURRENT PROVIDER AGENCY INFORMATION

1. Enter the eight digit agency number in the boxes provided. If you are unsure of the agency number, it can be found with your agency listing in the Directory of State Certified Chemical Dependency Treatment Services in Washington State (also known as the Greenbook).
2. Enter the name of the agency to be certified, as you would want it listed in the Directory of State Certified Chemical Dependency Treatment Services in Washington State.
3. Use the second line to print additional organizational titles necessary for a correct address. (For example, for the Division of Alcohol and Substance Abuse, the second line might read Certification Section).

Example:

Addiction Recovery Services (1st line)
ABC Medical Center (2nd line)

Or,

ABC Medical Center (1st line)
Addiction Recovery Services (2nd line)

PART 2 –TYPE OF OWNERSHIP CHANGE

4. This section is to indicate the type of ownership change to occur at your agency. Please review the five choices and indicate the one that best fits the change in ownership at your organization.
 - a. Check this one if your current business organization is a private corporation and if you are only adding one or more stockholder(s) of 5% or more of the corporate stock.
 - b. Check this one if your current business organization is a private partnership and if you are only adding one or more partner(s) who will own 5% or more of the organizational assets.

- c. Check this one if your current business organization is a private limited liability company and you are adding one or more partner(s) who will own 5% or more of the organizational assets.
- d. Check this one if you are changing the type of ownership without adding any new owner(s) of 5% or more of the organizational assets.
- e. Check this one if you are transferring ownership from one or more existing owner of 5% or more of the organizational assets to a new set of owners.

PART 3 – NEW OWNERSHIP INFORMATION

- 5. Check box 5a if the new provider will retain and use the same agency name. If not, then check box 5b.
- 6. Indicate the name of the agency to be certified, as you would want it listed in the next edition of the Directory of State Certified Chemical Dependency Treatment Services in Washington State.
- 7. Use the second line to add additional organizational titles necessary for a correct address. (For example, for the Division of Alcohol and Substance Abuse, the second line might read Certification Section).

Example:

Addiction Recovery Services (1st line)
ABC Medical Center (2nd line)

Or,

ABC Medical Center (1st line)
Addiction Recovery Services (2nd line)

Type of New Ownership (if applicable)

This applies only to changes that will result in a new legal entity owning the organization.

Those organizations that indicated the type 4 or 5 change in ownership 4 in Part 2 must provide the following information:

Determine whether the ownership of the new provider to be certified is public or private.

- 8. Put a check mark in the box that represents the provider's type of ownership.

Print the name of the owner in the space provided to the right of the box.

Publicly-owned:

- **For city government**, indicate the name of the city;

- **For county government**, indicate the name of the county;
- **For state government**, indicate the name of the state agency seeking certification, such as Juvenile Rehabilitation Administration, or Department of Corrections;
- **For federal government**, indicate the name of the federal agency seeking certification, such as Department of the Army, Department of Veterans Affairs, or Department of the Navy;
- **For tribal government**, indicate the name of the tribe;
- **For a health district**, indicate the name of the health district, such as Spokane Regional Health District;
- **For an educational service district**, indicate the name of the service district, such as ESD 114;
- **For municipal court probation**, indicate the name of the city and municipal court;
- **For district court probation**, indicate the name of the county and district court.

Privately-owned:

- **For sole proprietorship**, indicate the name of the sole proprietor;
- **For partnership**, indicate the name of the partnership or partners;
- **For a limited liability company**, indicate the name of the company;
- **For a non-profit or for profit corporation**, indicate the corporate name.

Note: The name of a privately owned organization should be the same as listed on the Washington State Master Business License.

All New Providers:

9. Enter the provider's Federal Employer Tax Identification Number (FEIN). Sole proprietors may use their Social Security Number (SSN) instead. Check the box to indicate if the number provided is an FEIN or SSN.

Note: If the agency is changing legal entities or types of business ownership there may be a new FEIN or SSN.

10. Print the name and title of the person or entity that is the final authority for your organization and will be responsible for meeting the governing body requirements of WAC 388-805-140.

Note: This can be an entity such as a tribal council, county commissioners, corporate board, etc.

Privately owned providers only:

11. Enter the Washington State Uniform Business Identification (UBI) Number listed on the applicant's Washington State Master Business License in the boxes provided.

PART 4 – CERTIFIED CHEMICAL DEPENDENCY SERVICES

Detoxification or residential service certification:

12. Put a check mark by each service **the new owner** is seeking the transfer of certification. Then indicate the total number of beds for each service requested. **If the new owner intends** to focus the provision of services to a special group such as youth, women, offenders, adults, etc., then indicate the special treatment focus in the space provided.

Non-residential service certification:

13. Put a check mark by all the services **for which the new owner** is seeking the transfer of certification. Then indicate the estimated number of persons your agency believes will be served annually under the new ownership for each service requested. **If the new owner intends** to focus the provision of services to a special group such as youth, women, offenders, adults, etc., then indicate the special treatment focus in the space provided.

A listing of services will continue to be published in the Directory of State Certified Chemical Dependency Treatment Services in Washington State if the reviewing certification specialist approves the transfer of certification to the new owner.

PART 4- CONTRACTS

14. Check the yes or no box to indicate whether or not the organization currently receives government funds to provide chemical dependency services or if the new management intends to provide services funded by the government.
15. **If item 14 is yes**, then list the source(s) of the funds, e.g., federal, state, tribal, county, criminal justice, or corrections.
16. Also, list the certified chemical dependency treatment service(s) for which government funds are or may be provided.

PART 5 – MATERIALS TO BE SUBMITTED WITH THE APPLICATION

- A. **If you are adding one or more stockholder or partner to either a for-profit corporation, partnership, or limited liability company then submit the following information:**
 1. **If privately owned**, submit a copy of the report of findings from a criminal background check as conducted by the Washington State Patrol and the last state of residence if the person has lived out-of-state within the past three years for any new owner of five percent of the organizational assets. The background results must have been completed within the two years before the receipt of the application.

2. **If privately owned**, submit a list (as applicable) with the name, address, phone number, and percentage of ownership **for each new owner of five percent or more of the organizational assets**.

Example:

Name	Address	Telephone #	Ownership Percentage
John Doe	123 Recovery Ln. Oxford, WA 98123	(509) 123-4567	25%

B. If you are changing the type of ownership or transferring ownership from existing owners to new owners then please submit the following information:

1. Submit a complete list (as applicable) with the name, address, phone number, and title of each member of the organizational governing body. The organizational governing body consists of those persons who are responsible for the management of the organization and have the final decision making authority. This could be a member of a corporate board, members of a tribal council, members of a city council, or county commissioners.

Example:

Name	Address	Telephone #	Title
Jane Doe	321 Recovery Ln. Oxford, WA 98123	(509) 765-4321	Board President

2. If privately owned:

- a. Submit a list (as applicable) with the name, address, phone number, and percentage of ownership **for each new owner of five percent or more of the organizational assets**.

Example:

Name	Address	Telephone #	Ownership %
John Doe	123 Recovery Ln. Oxford, WA 98123	(509) 123-4567	25%

- b. Submit a copy of the report of findings from a criminal background check as conducted by the Washington State Patrol and the last state of residence if the person has lived out-of-state within the past three years for any new owner of five percent of the organizational assets. The background results must have been completed within the two years before the receipt of the application.
- c. Submit a copy of the Washington State Master Business License (as applicable), which authorizes the applicant to do business in this state.
3. **Check box 3a if the new governing body intends to appoint a new agency administrator for the organization**, list the name and title of the new administrator. and submit a copy of the report of findings from a criminal background check, as conducted by the Washington State Patrol and the last state of residence if the new administrator has lived outside of Washington State within the past three years. Check box 3b if the current administrator will be retained.

4. **Check box 4a if the administrator intends to appoint a new clinical supervisor,** list the name and title of the new supervisor, and provide a copy of his or her current Certificate of Certification as a Chemical Dependency Professional issued by the Department of Health. If not, check box 4b no,
5. **Check box 5a if the new governing body decided to approve and adopt the existing agency policies and procedures.** If not, check box 5b no, then submit a complete copy of the new agency administrative, personnel, and clinical policy and procedure manuals specific to the organization, agency, and treatment services that will be in force within the agency at the time of the change in ownership.
6. **Check box 6a if the new governing body has adopted the existing agency fiscal policies and procedures.** If not, then check box 6b and submit a complete copy of the new fiscal policies and procedures, as they relate to informing clients and patients of the fees to be charged for services, that will be in force within the agency at the time of the change in ownership.
7. **If the new governing body will not be retaining the same chemical dependency professional staff that are employed by the current organization,** then submit the following evidence of sufficient qualified staff to deliver the chemical dependency treatment services that will be provided under the new ownership.
 - a. An organizational chart showing each staff position, including volunteers, students, and persons on contract, by job title, lines of responsibility, the full-time equivalency percentage for each position, and how the agency relates to any parent organization.
 - b. A copy of the job description for the on-site administrator and each staff person who will be providing or supervising patient care.
 - c. A copy of the current certificate of certification as a chemical dependency professional issued by the Washington State Department of Health (DOH) for each chemical dependency professional (CDP) to be employed by your organization at the proposed initial site. The wall certificate issued by DOH is not sufficient. The copy of the certificate must include the certification expiration date.

Note: Current DASA Certificates of Qualification as a Chemical Dependency Counselor will be accepted in lieu of the DOH CDP certificate submitted with applications received before June 30, 2001.
 - d. **If applying as a municipal or district court probation office,** submit evidence of the employment of a probation assessment officer (PAO) that meets the requirements of WAC 388-805-220. Evidence should include copies of course transcripts, and training documentation, verification of supervised experience as a PAO trainee, and documentation of continuing education as required.
 - e. **If the organization is currently certified to provide alcohol/drug information school services and the new governing body intends to continue providing that service,** then submit evidence of the employment of a qualified alcohol/drug information school instructor that meets the requirements of WAC 388-805-250. Acceptable evidence includes a copy of an individual's DASA

issued Certificate of Qualification as an Alcohol/Drug Information School Instructor.

C. All Applicants:

1. **An application fee of \$500** must be submitted with this application, and must be in the form of a check or money order made out to the Department of Social and Health Services.
2. Submit a copy of the cover letter used to notify the county alcohol/drug coordinator where services will be provided, and a completed copy of the application form. Only send a copy of the application form itself. You do not need to provide the county coordinator with a copy of the application materials (manuals, licenses, staff certifications, etc.).

The alcohol and drug coordinator coordinates the delivery of publicly funded chemical dependency services in his/her respective county.

PART 6 – DECLARATIONS

Ensure you read the declarations carefully, and that both the former owner and new owner (as applicable) complete the signature block.

If there are any questions about this application, contact Bob Geissinger at (360) 438-8055, or by e-mail at geissrs@dshs.wa.gov.

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